

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101500,606

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
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| 3 | | 1 | | | | |
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| 8 | 1 | | | | | |
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| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | 5 | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | 22 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 27 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | | | | | | |